



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

3628
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In re Application of:

DRUNSIK

Serial No.: 09/776,524

Filed: February 2, 2001

Art Unit: 3628

Examiner: Richard C. Fults

Atty. Docket No.: 01-017-US

ADJUDICATION METHOD AND SYSTEM

RECEIVED

FEB - 5 2004

GROUP 3600

Pittsburgh, Pennsylvania 15230

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the
above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

- ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
2. ☐ Small Entity status of this application has been established by a verified statement previously submitted.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

MAILED

☒ deposited with the United States Postal Service on January 22, 2004 with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

☐ transmitted by facsimile on [date] to the U.S. Patent and Trademark Office.

Debbie LeDonne

Type Signature Name


(Signature of person mailing paper or fee)

(Signature of person mailing paper or fee)

3. ☐ A verified statement to establish Small Entity status is enclosed.
4. ☐ Also enclosed:
5. ☐ No fee for extra claims is required.
6. ☒ The fee for extra claims has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Extra Present (Col. 3)	SMALL ENTITY				OTHER THAN A SMALL ENTITY			
				RATE	FEE			RATE	FEE		
Total Claims	33 - 23**	= 10*	X	\$ 9	= \$	OR	X	\$ 18	=	\$180.00	
Ind. Claims	6 - 4***	= 2*	X	\$ 43	= \$	OR	X	\$ 86	=	\$172.00	
<input type="checkbox"/> Multiple Dependent Claim Presented			+	\$145	= \$	OR	+	\$290	=	\$	
				<u>TOTAL</u>	= \$	OR		<u>TOTAL</u>	=	\$352.00	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

7. ☐ Applicant encloses herewith a check for \$[Amount] to cover the extra claims fee.
8. ☒ The Director is authorized to charge the \$352.00 filing fee to Deposit Account No. 18-0582.
9. ☒ The Director is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this communication is attached.

Respectfully submitted,



Frederick H. Colen, Esq.
Reg. No. 28,061

Dated: January 22, 2004

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